



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Texas Vaccine Providers Webinar

Tuesday, April 26th, 2022

Disclaimer

The information presented today is based on CDC's recent guidance and MAY change.

Tuesday, April 26th, 2022

Discussion Topics

Opening Remarks – Tony Aragon, MS

**World Immunization & National Infant Immunization Week –
Merissa Daugherty, BSN, RN, CA-SANE**

COVID-19 Vaccine Providers VAOS Inventory – Garrett Cottom

COVID-19 Vaccine Clinical Guidance – Cheryl Garcia, BSN, RN

Live Q&A

COVID-19 Vaccine ImmTrac2 Reporting – Paul Spock

Live Q&A



Texas Department of State
Health Services

Opening Remarks

Tony Aragon, MS

Director | Immunization Section

World Immunization Week & National Infant Immunization Week

Merissa Daugherty, BSN, RN, CA- SANE

Nurse III – Operations Team | Immunization Section

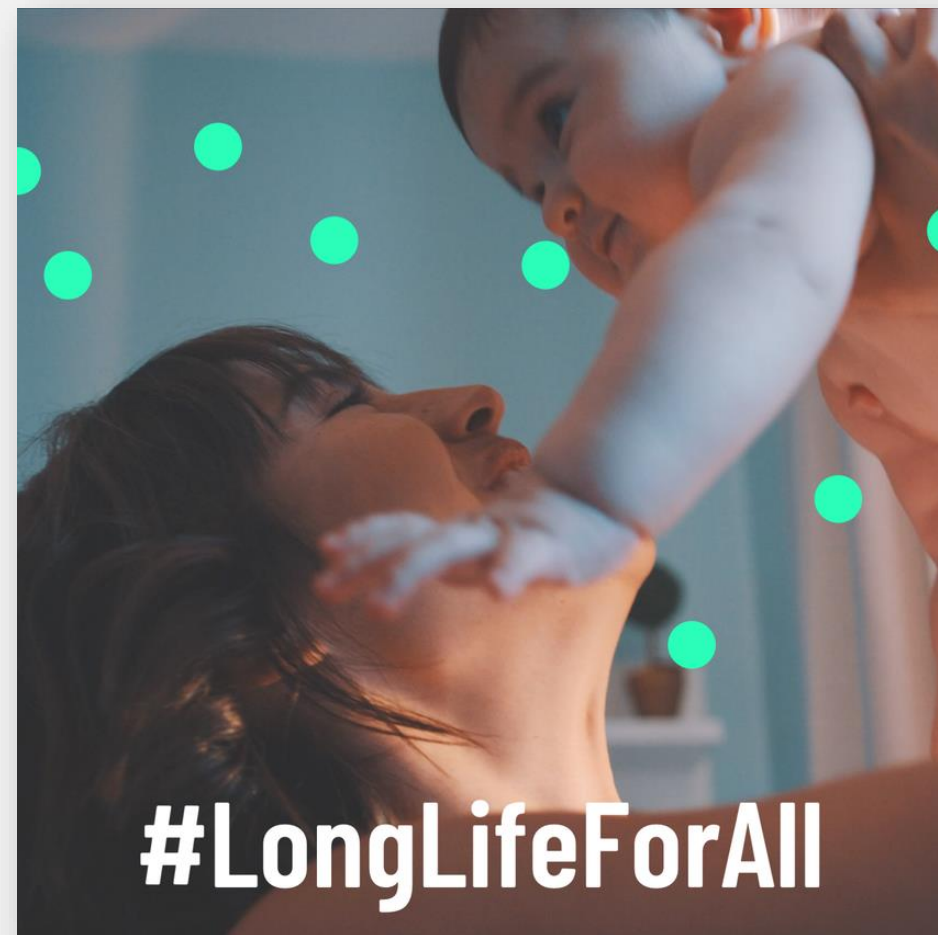
World Immunization Week 2022

April 24th – April 30th

World Immunization Week is the perfect time to highlight the importance of vaccines in preventing disease across the lifespan.

The goal of World Immunization Week 2022 is for more people and their communities to be **protected from vaccine-preventable diseases**.

Keep an eye out for more communications from DSHS that you can use to promote immunizations in your community throughout this week.



<https://www.who.int/campaigns/world-immunization-week/world-immunization-week-2022>

<https://who.canto.global/v/WorldImmunizationWeek/landing?viewIndex=0>

National Infant Immunization Week

April 24th – April 30th

[National Infant Immunization Week](https://www.cdc.gov/vaccines/events/niiw/index.html) (NIIW) highlights the importance of protecting infants and young children from vaccine-preventable diseases. This year, a primary focus is to ensure families stay on track for their children's well-child visits and routinely recommended vaccinations.

[Here](https://www.cdc.gov/vaccines/events/niiw/web-etools/digital-toolkit.html) you can find a digital media toolkit, examples of key messaging, and tips for talking about vaccines with parents.

<https://www.cdc.gov/vaccines/events/niiw/index.html>

<https://www.cdc.gov/vaccines/events/niiw/web-etools/digital-toolkit.html>



COVID-19 Vaccine Providers VAOS Inventory

Garrett Cottom

Director | COVID-19 Program – Immunization Section

TVFC COVID-19 Vaccine Provider Recruitment Webinar

Thank you to everyone who attended our COVID-19 Vaccine Provider Recruitment Webinar on Wednesday, April 20th, 2022. This webinar was held to recruit TVFC Providers to enroll in the COVID-19 Vaccine Program.

If you are a provider, interested in attending future COVID-19 Vaccine Provider Recruitment Webinars, please stay tuned as we are planning another webinar soon.



COVID-19 Vaccine Clinical Guidance

Cheryl Garcia, BSN, RN

COVID-19 Vaccine Unit Nurse III | Immunization Section

Register for V-Safe

Providers can offer [v-safe](#) as a smartphone-based tool that checks in on patients after their COVID-19 vaccination. **Patients can also enroll their dependents!**

It takes just a few minutes to register and get started. All patients need is their smartphone and information about the COVID-19 vaccine doses they've received.

V-safe in other languages:

[Español](#) | [한국어](#) | [Tiếng Việt](#) | [中文](#)



Enroll in v-safe: <https://vsafe.cdc.gov/en/>

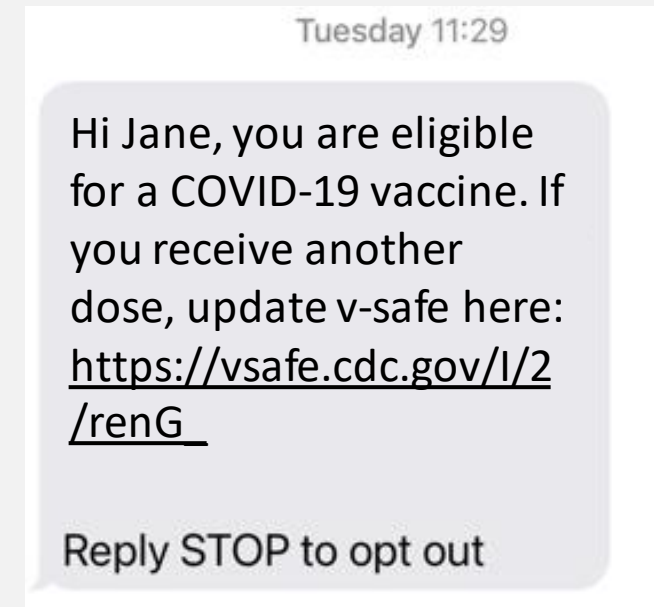
VaxTextSM COVID-19 Vaccination Reminder

VaxTextSM is a free text messaging platform that providers can offer to their patients. Patients can opt in to conveniently **receive text message reminders** to get their COVID-19 vaccine or a reminder for when they are overdue for their booster dose, in English or Spanish.

Patients will be asked for **basic vaccination information** so they can be provided reminders based on the correct vaccination schedule. The patient will also receive a prompt to sign up for **v-safe**.



Providers can offer **VaxText as a booster dose reminder** to patients.



Patients can **text ENROLL to 1-833-VaxText (829-8398)** to opt in to VaxTextSM.

Live Q&A

VacShipments

COVID19VacShipments@dshs.Texas.gov

VacManagement

COVID19VacMgmt@dshs.Texas.gov

VacEnroll

COVID19VacEnroll@dshs.texas.gov

ImmTrac2

ImmTrac2@dshs.Texas.gov
ImmTracMU@dshs.texas.gov (for data exchange)

Nurse Call Center

CoronaVirus@dshs.texas.gov
COVIDvaccineQs@dshs.Texas.gov

Or call (833) 832-7068

COVID-19 Vaccine ImmTrac2 Reporting

Paul Spock

Training Coordinator – Texas Immunization Registry | Immunization
Section

ImmTrac2 – Disaster Consents



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Types of Consents

- **Registry Consent** - Individuals sign up (opt-in) to be in the registry and have their personal and immunization information stored in the registry.
- **Consent to Share** - Grants permission for an individual's healthcare provider to share the individual's personal and medical information.
- **Consent for Treatment** - Consent form to obtain an individual's consent to receive treatment or services.

Reporting Requirements



Everyone receiving an **AIM** (Antiviral, Immunization, or Medication) during a disaster will have their AIM reported to the Registry, regardless of consent!

Report disaster immunizations within 24 hours of administration, per the Centers for Disease Control and Prevention (CDC).



Disaster Information Retention Consents (aka Disaster Consents)



All disaster AIMs must be recorded in the registry, with or without a disaster consent, BUT...

Disaster Consents allow the registry to keep a client's disaster AIMs longer than 5 years after the disaster.

If a disaster client has not signed a disaster consent within 5 years after the end of the disaster, their disaster AIM is deleted.

Disaster consents only affect disaster AIMs.

How Often Must the Client Sign a Consent Form?



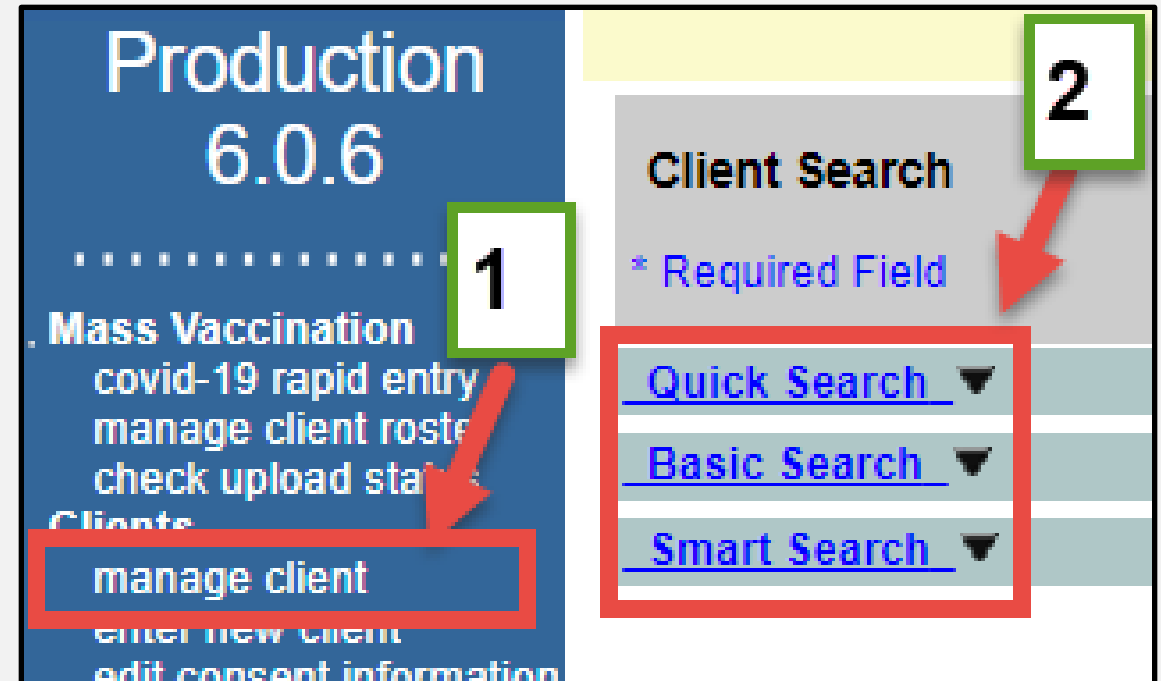
You do not need to have clients sign a consent form each time they get immunized.

Signing a consent form is voluntary.



How to Tell If a Client Currently Has a Disaster Consent – Manage Client

For **Full-Access Provider** users, click “**manage client**”, then do a search for the client.



In the Personal Information tab of the Client Record, Look for Client Type

Personal Information

* First Name

MICKEY

* Last Name

MOUSE

Middle Name

Suffix

* Birth Date

01/01/1985

Mother's Maiden Last

Mother's First Name

Client Type

DU - Disaster Un-con: ▾

ImmTrac2 Client

No

* Gender

MALE ▾

SSN

Medicaid ID

Birth Order

(for multiple births)

Birth Country

UNITED STATES ▾

Birth State

▾

Birth County

▾

Client Identifier

ImmTrac2 ID

123456789

Disaster Client

Yes

Return to Search

Edit Client

Immunizations

Edit Consent

Reports

Client Types



For Disaster Consents:

- DU = Disaster Unconsented
- DC = Disaster Consented

For Standard Consents:

- IC = ImmTrac Child
- IA = ImmTrac Adult

NOTE: Disaster Consents only pertain to Disaster Immunizations.
Standard Consents only pertain to Standard Immunizations.

Details on Client Types

Client Type	Signed	Stored in Registry Until...
ImmTrac Child (IC)	Minor Consent	Keep standard imms for minor until 26 years of age
ImmTrac Adult (IA)	Adult Consent	Keep standard imms for adult for lifetime
Disaster Unconsented (DU)	Nothing	Keep Disaster AIMs for 5 years (AIM = Antiviral, Immunization, or Medication)
Disaster Consented (DC)	Disaster Consent	Keep Disaster AIMs for life

ImmTrac2 Consent Forms Retention Period for Providers



ImmTrac Child (IC)

- Keep until 19th Birthday

ImmTrac Adult (IA)

- Lifetime

Disaster Consented (DC)

- 5 years after end of disaster declaration
- 

Standard Consents



Standard consents, ImmTrac Child (IC) or ImmTrac Adult (IA) consents, allow the registry to keep standard non-disaster immunizations only.



Standard consents only affect standard immunizations.

For More Information on Disaster Consents and Standard Consents...

- Go to the User Training webpage at <https://www.dshs.texas.gov/immunize/immtrac/User-Training/>
- Click the “Online Disaster Reporting” video link or the Script link.

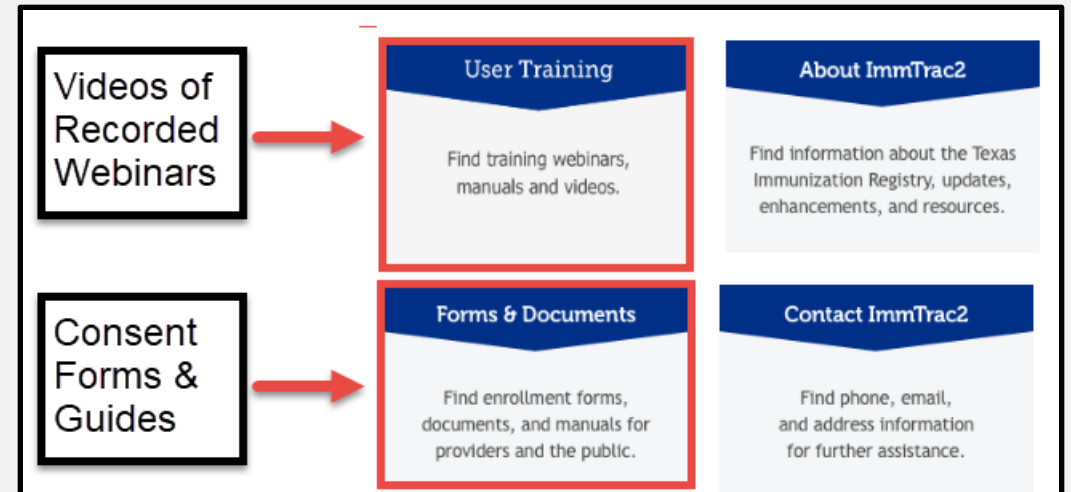
Instructional Videos for ImmTrac2 Users

This video series covers a variety of topics to help registered users navigate ImmTrac2, the Texas Immunization Registry.

Title	Description	Video Scripts
Single Sign-On (19:55)	This video describes the Single Sign-On process which allows users to log into Syntropi (the Immunization Program Portal), ImmTrac2, and the Vaccine Allocation and Ordering System (VAOS) through the HHS Enterprise Portal with one login. The presentation can be viewed here .	Script
 Online Disaster Reporting (20:54)	This video describes how disaster consents are different than standard consents, how to enter disaster consents, and how to add disaster immunizations.	 Script

Where to Find Consent Forms

- First, go to the ImmTrac2 Registry Home webpage:
<https://www.dshs.texas.gov/immunize/immtrac/default.shtm>
Suggestion – Bookmark this link.
- Scroll down the page.
 - “User Training” has videos of recorded webinars.
 - “Forms & Documents” has **consent forms** & guides.




Link to Disaster Information Retention Consent Form

- Scroll down to the bottom of the Forms & Documents webpage.
- Select “F11-12956 Immunization Registry (ImmTrac2) Disaster Information Retention Consent Form”.

Disaster Information Retention Consent Forms	
Stock #	Title
F11-12956	Immunization Registry (ImmTrac2) Disaster Information Retention Consent Form (Bilingual) (rev. 02/2022) <i>Use this form to retain your disaster-related information beyond 5 years.</i>
11-15954	ImmTrac2 Disaster Consent Overview (rev. 12/2020)

Disaster Information Retention Consent Form, 2-sided in English and Spanish.

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Texas Immunization Registry (ImmTrac2)
Disaster Information Retention Consent Form

A parent, legal guardian or managing conservator must sign this form if the client is younger than 18 years of age.

First Name _____ Middle Name _____ Last Name _____
Date of Birth (mm/dd/yyyy) _____ Gender: ☐ Male ☐ Female Telephone _____ Email address _____
Address _____ Apartment #/Building # _____
City _____ State _____ Zip Code _____ County _____
Mother's First Name _____ Mother's Maiden Name _____

Race (select all that apply)			Ethnicity (select only one)
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other Race	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Recipient Refused			<input type="checkbox"/> Other

The Texas Immunization Registry (ImmTrac2) has been designated as the disaster-related reporting and tracking system for immunizations, antivirals, and other medications administered to individuals in preparation for, or in response to, a disaster or public health emergency. From the time the event is declared over, the Texas Immunization Registry will retain disaster-related information received from health-care providers for a period of five (5) years. At the end of the five (5) year retention period, client-specific disaster-related information will be removed from the Texas Immunization Registry unless consent is granted to retain the client information in the Texas Immunization Registry beyond the five (5) year retention period. For more information, see Texas Health and Safety Code Sec. 161.00705. <https://statutes.capitol.texas.gov/Docs/HHS/htm/HHS.161.00705.htm>

Consent for Retention of Disaster-Related Information and Release of Information to Authorized Entities
I understand that, by granting the consent below, I am authorizing retention of my (or my child's) disaster-related information by DSHS beyond the five (5) year retention period. I further understand that DSHS will include this information in the Texas Immunization Registry. Once in the Texas Immunization Registry, my (or my child's) disaster-related information may be accessed by: a state agency, for the purpose of aiding and coordinating communicable disease prevention and control efforts, and/or a physician or other health-care provider legally authorized to administer immunizations, antivirals, and other medications, for treating the client as a patient; I understand that I may withdraw this consent to retain information in the Texas Immunization Registry beyond the five (5) year retention period and my consent to release information from the Texas Immunization Registry, at any time by written communication to the Texas Department of State Health Services.

State law permits the inclusion of immunization records for First Responders and their immediate family members in the Texas Immunization Registry. A "First Responder" is defined as a public safety employee or volunteer whose duties include responding rapidly to an emergency. An "immediate family member" is defined as a parent, spouse, child, or sibling who resides in the same household as the First Responder.

Please mark the appropriate box to indicate whether you are a First Responder or an Immediate Family Member.
☐ I am a **FIRST RESPONDER**. ☐ I am an **IMMEDIATE FAMILY MEMBER** of a First Responder.


By my signature below, I GRANT consent to retain my disaster-related information (or my child's information, if younger than age 18) in the Texas Immunization Registry beyond the 5 year retention period.

Client (or parent, legal guardian, or managing conservator):
Printed Name _____ Signature _____ Date _____

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

PROVIDERS REGISTERED WITH THE Texas Immunization Registry: Please enter client information in the Texas Immunization Registry and affirm that consent has been granted. **DO NOT** fax to the Texas Immunization Registry. **Retain this form in your client's record.**

Questions? Tel: (800) 252-9152 • Fax: (512) 776-7790 • <http://www.dshs.texas.gov/immunize/immunize/>
Texas Department of State Health Services • Immunizations • Texas Immunization Registry – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347
Texas Department of State Health Services Immunizations
Stock No. F11-12956
Revised 02/2022

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Registro de Inmunización de Texas (ImmTrac2)
Consentimiento para la retención de información relacionada con un desastre

Si el cliente es menor de 18 años, uno de los padres, el tutor legal o el titular de la custodia debe firmar este formulario.

Primer nombre _____ Segundo nombre _____ Apellido _____
Fecha de nacimiento (mm/dd/aaaa) _____ Sexo: ☐ Masculino ☐ Femenino Teléfono _____ Correo electrónico _____
Dirección del cliente _____ Núm. de apartamento o edificio _____
Ciudad _____ Estado _____ Código postal _____ Condado _____
Nombre de la madre _____ Apellido de soltera _____

Raza (seleccione todos los que correspondan):			Grupo étnico (seleccione solo una):
<input type="checkbox"/> Indio americano o nativo de Alaska	<input type="checkbox"/> Asiático	<input type="checkbox"/> Negro o afroamericano	<input type="checkbox"/> Hispanico o latino
<input type="checkbox"/> Nativo de Hawái o de otra isla del Pacífico	<input type="checkbox"/> Blanco	<input type="checkbox"/> Otro	<input type="checkbox"/> No hispanico o latino
<input type="checkbox"/> Se negó a contestar			<input type="checkbox"/> Otro

El Registro de Inmunización de Texas (ImmTrac2) ha sido designado como el sistema de notificación y seguimiento para las vacunas, los antivirales y otros medicamentos administrados a las personas en preparación o en respuesta a una catástrofe o emergencia de salud pública. Desde el momento en que se declara el fin del evento, el Registro de Inmunización de Texas conservará la información relacionada con un desastre enviada por proveedores de atención médica por un periodo de cinco (5) años. Al final del periodo de retención de cinco (5) años, la información del cliente relacionada específicamente con el desastre se eliminará del Registro de Inmunización de Texas, a menos que se conceda el consentimiento para conservar la información del cliente en el Registro de Inmunización de Texas más allá del periodo de retención de cinco (5) años. Para más información consulte la sección 161.00705 del Código de Salud y Seguridad de Texas en <https://statutes.capitol.texas.gov/Docs/HHS/htm/HHS.161.00705.htm>

Consentimiento para la retención de información relacionada con un desastre y su divulgación a entidades autorizadas
Entiendo que, al otorgar el presente consentimiento, estoy autorizando la retención de mi información (o la de mi hijo) relacionada con un desastre por parte del DSHS más allá del periodo de retención de cinco (5) años. También entiendo que el DSHS incluirá la información en el Registro de Inmunización de Texas. Una vez que esté en el Registro de Inmunización de Texas, y de acuerdo a la ley, mi información (o la de mi hijo) relacionada con un desastre podrá ser vista por:
• una dependencia estatal, con el fin de ayudar y coordinar los trabajos de prevención y control de enfermedades contagiosas, o
• un médico u otro proveedor de atención médica legalmente autorizado para administrar vacunas, antivirales y otros medicamentos a un paciente. Entiendo que puedo retirar en cualquier momento mi consentimiento para que se conserve mi información en el Registro de Inmunización de Texas más allá del periodo de retención de cinco (5) años y para su divulgación escribiendo al Departamento Estatal de Servicios de Salud de Texas.

La ley estatal permite la inclusión de los registros de vacunación de los socorristas y sus familiares directos en el Registro de Inmunización de Texas. Se define como "socorrista" al empleado de la seguridad pública o voluntario cuyas funciones incluyen el responder rápidamente a una emergencia. Se define como "familiar directo" a los padres, cónyuges, hijos o hermanos que viven en el mismo hogar que el socorrista.

Marque la casilla correspondiente para indicar si es usted un socorrista o un familiar directo de un socorrista.
☐ Soy un **SOCORRISTA**. ☐ Soy un **FAMILIAR DIRECTO** de un socorrista.

Con mi firma a continuación, DOY mi consentimiento para que se conserve mi información relacionada con un desastre (o la de mi hijo menor de 18 años) en el Registro de Inmunización de Texas más allá del periodo de cinco (5) años.

Cliente (o padre, tutor legal o titular de la custodia del cliente):
Nombre escrito a mano _____
Fecha _____ Firma _____

Aviso de confidencialidad: Con ciertas excepciones, usted tiene derecho a pedir y a ser informado sobre los datos que el estado de Texas recaba sobre usted. Usted tiene derecho a recibir y revisar la información si así lo pide. También tiene derecho a pedir que la dependencia estatal corrija cualquier información que se determine que es incorrecta. Consulte el sitio <http://www.dshs.texas.gov> para más información sobre el aviso de confidencialidad. (Fuente: Código gubernamental, secciones 552.021, 552.023, 559.003 y 559.004)

PROVIDERS REGISTERED WITH THE Texas Immunization Registry: Please enter client information in the Texas Immunization Registry and affirm that consent has been granted. **DO NOT** fax to the Texas Immunization Registry. **Retain this form in your client's record.**

Questions? Tel: (800) 252-9152 • Fax: (512) 776-7790 • <http://www.dshs.texas.gov/immunize/immunize/>
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Texas Department of State Health Services Immunizations
Stock No. F11-12956
Revised 02/2022

Live Q&A

VacShipments

COVID19VacShipments@dshs.Texas.gov

VacManagement

COVID19VacMgmt@dshs.Texas.gov

VacEnroll

COVID19VacEnroll@dshs.texas.gov

ImmTrac2

ImmTrac2@dshs.Texas.gov
ImmTracMU@dshs.texas.gov (for data exchange)

Nurse Call Center

CoronaVirus@dshs.texas.gov
COVIDvaccineQs@dshs.Texas.gov

Or call (833) 832-7068

Texas Vaccine Providers Webinar Survey

We want to hear from you in our Texas Vaccine Providers **Webinar Survey**! This quick survey helps us create content that is relevant and helpful for our Texas providers week over week.

Please complete our [post webinar survey](#) for the **4/26 Texas Vaccine Providers Webinar** by Thursday, 4/28 at 5:00pm CT.

DSHS Texas Providers Webinar Survey - April 26, 2022

Were you able to attend the Texas Provider webinar this week?

- ☒ Yes
- ☐ No
- ☐ Partly

Are you a COVID-19 Vaccine Provider?

- ☐ Yes
- ☐ No

Overall the information shared today was helpful.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

The information was presented clearly.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Resources



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Texas Department of State
Health Services

COVID-19 Vaccine Product Availability

When you enter the “doses requested,” remember that each COVID-19 vaccine type ships in different pack sizes. Use the table below to determine how many doses to request:

Moderna		Pfizer Adult/Adolescent (12+ yrs)		Pfizer Pediatric (5 -11 yrs)		Janssen/J&J
<100 Doses	>100 Doses	<300 Doses	>300 Doses	<100 Doses	>100 Doses	>100 Doses
Place orders in multiples of 10 doses (1 vial) up to a maximum of 60 doses	Place orders in multiples of 100 doses	Place orders in multiples of 6 doses (1 vial) up to a maximum of 102 doses	Place orders in multiples of 300 doses	Place orders in multiples of 10 doses (1 vial) up to a maximum of 100 doses	Place orders in multiples of 100 doses	Place orders in multiples of 100 doses

Providers placing order requests for more than one COVID-19 vaccine presentation in VAOS will be required to place a *separate order request* for each COVID-19 vaccine presentation they wish to order.

COVID-19 Vaccine Provider Support

Call the COVID-19 Provider Support Help Desk at 833-832-7068

Hours of Operation: Monday to Friday, 8 a.m. - 5 p.m. CT

Category	COVID-19 Vaccine Provider Enrollment (Syntropi)	COVID-19 Vaccine Provider Information and Safety Reporting	Vaccine Allocation & Ordering System (VAOS)	Vaccine Distribution & Shipments	Reporting for COVID-19 Vaccines
Sample questions	<ul style="list-style-type: none"> How to become a COVID-19 Vaccine Provider In-progress applications Update Enrollment accounts, including population numbers, email addresses, or primary/backup coordinators 	<ul style="list-style-type: none"> COVID-19 vaccine safety & medical info Administration of vaccine Reporting adverse events to VAERS Questions/concerns for clinical vaccine considerations 	<ul style="list-style-type: none"> Access to VAOS Question about completing a task or process in VAOS or dashboards Provider Webinars 	<ul style="list-style-type: none"> Tracking shipments Orders Vaccine transfer Waste disposal Changing inventory in VAOS 	<ul style="list-style-type: none"> Reporting to ImmTrac2 via online web application
Provider Support Channel	Provider Help Desk: (833) 832-7068 (Option 1) or (877) 835-7750 or Email: COVID19VacEnroll@dshs.texas.gov HealthCare Providers/Professionals https://www.cdc.gov/vaccines/hcp/index.html	COVID-19 Nurse Call Center: (833) 832-7068 (Option 4) or Texas 2-1-1 (Option 6), 8 a.m. to 5 p.m., Monday through Friday or Email: CoronaVirus@dshs.texas.gov General Immunization Questions: COVIDvaccineQs@dshs.Texas.gov	Covid-19 Vaccine Management: (833) 832-7068 (Option 2) or Email: COVID19VacMgmt@dshs.Texas.gov	Vaccine Shipments: (833) 832-7068 (Option 2) or Email: COVID19VacShipments@dshs.Texas.gov For questions about COVID-19 vaccine storage/handling, refer to the manufacturer resources .	ImmTrac2 team: (833) 832-7068 (Option 3) or (800) 348-9158, 8 a.m. to 4:30 p.m., Monday through Friday or Email: ImmTrac2@dshs.Texas.gov ImmTracMU for Data Exchange: 800-348-9158 or Email: ImmTracMU@dshs.texas.gov ,
Include in email:	Current and new vaccine coordinator name and email address (if new coordinators requested)		Provider name, org code, and primary and backup vaccine coordinator names and email addresses	Provider name, org code, and service request number or shipment number	

COVID-19 Vaccine Waste Guidance

Waste Disposal and Reporting Resources

While it is important to try to use every dose of vaccine possible, that should not be at the expense of missing an opportunity to vaccinate every eligible person when they are ready to get vaccinated.

Visit the DSHS COVID-19 Vaccine Disposal Guidelines for details on disposing waste:

<https://dshs.texas.gov/immunize/covid19/COVID19-Vaccine-Disposal-Guidelines.pdf>

COVID-19 VACCINE DISPOSAL GUIDELINES

The Centers for Disease Control and Prevention (CDC) states that COVID-19 vaccines should be treated as regulated medical waste in its disposal requirements from their [Identification, Disposal, and Reporting of COVID-19 Vaccine Wastage](#) notice. The CDC advises providers to waste COVID-19 vaccines in accordance with local regulations.

For guidance on reporting Moderna doses wasted, see the following guide:

<https://www.dshs.texas.gov/immunize/covid19/Moderna-Wastage-Table-Texas.pdf>

Moderna 10/14 COVID-19 Vaccine Wastage Guidance

For guidance on reporting waste in VAOS, see the following guide:

<https://www.dshs.texas.gov/immunize/covid19/Waste-in-VAOS.pdf>

COVID-19 Vaccine Waste Reporting Waste and Generating Waste Reports in VAOS March 28th, 2022



[View the VAOS Job Aid Catalog](#)

For questions about reporting waste, call (833) 832-7068 (Option 2) or email COVID19VacShipments@dshs.Texas.gov.

Billing Resources

Additional billing information, including CPT Administration and Product Codes for the anticipated Moderna 2.5 mL Booster Only Product, can be found at the following AMA resources.

AMA COVID-19 CPT Vaccine and Immunization Codes:
<https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes>

AMA Find your COVID-19 Vaccine CPT Codes:
<https://www.ama-assn.org/find-covid-19-vaccine-codes>

The image displays two overlapping screenshots of the American Medical Association (AMA) website. The top screenshot shows the 'COVID-19 CPT® CODING AND GUIDANCE' page, titled 'Find your COVID-19 Vaccine CPT® Codes'. It includes a search bar and a brief description of the resource. The bottom screenshot shows the 'COVID-19 CPT vaccine and immunization codes' page, which features a 'CONTENTS' section with links to 'Unique CPT codes approved for COVID-19 immunizations', 'Category | vaccine descriptors', 'Vaccine resources', and 'CPT® Assistant provides guidance for new codes'. Both screenshots show the AMA logo and navigation links like 'Join' and 'Renew'.

COVID-19 VAOS Job Aids

In the [COVID-19 VAOS Job Aid Catalog](#) you can find all the DSHS job aids you may need as a COVID-19 vaccine provider.

Vaccine Allocation & Order System (VAOS) – Learning Resources

COVID-19 Vaccine Job Aids

- [VAOS Tips & Tricks](#) (11/2/2021)
- [COVID-19 Vaccine Data Dashboard](#) (6/29/2021)
- [COVID-19 Vaccine Product Availability](#) (10/28/2021)
- [COVID-19 Vaccine Order Requests in VAOS](#) (10/25/2021)
- [Vaccine Transfers in VAOS](#) (10/25/2021)
- [VAOS Quick Start Guide](#) (11/19/2021)
- [COVID-19 Vaccine Shipments](#) (10/25/2021)
- [Reporting Waste in VAOS](#) (10/25/2021)
- [Moderna Wastage Table](#) (11/2/2021)
- [Generating Reports in VAOS](#) (6/18/2021)

COVID-19 Therapeutics Job Aids

- [COVID-19 Therapeutics Job Aid](#) (9/24/2021)
- [Therapeutics Enrollment Guide](#) (11/10/2021)

VAOS E-Learnings

- [COVID-19 Vaccine & Therapeutics VAOS Videos](#)
- [TVFC/ASN VAOS Videos](#)

TVFC/ASN Job Aids

- [VAOS Quick Start Guide](#) (11/19/2021)
- [Open Ordering](#) (10/20/2021)
- [Uploading Temperature Logs](#) (10/18/2021)
- [Vaccine Shipments](#) (10/18/2021)
- [Vaccine Transfers](#) (10/18/2021)
- [Entering Doses Administered](#) (10/18/2021)
- [Reconciling Physical Inventory](#) (10/18/2021)
- [Reporting Waste](#) (10/18/2021)
- [Generating Reports](#) (10/18/2021)

Updated 11/10/2021

COVID-19 Vaccine Fact Sheets

	Pfizer COVID-19 Vaccine (Ages 5-11, Orange Cap)	Pfizer COVID-19 Vaccine (Ages 12+, Purple Cap)	Pfizer COVID-19 Vaccine (Ages 12+, Gray Cap)	Moderna/Spikevax™ COVID-19 Vaccine	Janssen COVID-19 Vaccine
Fact Sheet for Healthcare Providers	https://www.fda.gov/media/153714/download Revised: 13 Apr 2022	https://www.fda.gov/media/153713/download Revised: 29 Mar 2022	https://www.fda.gov/media/153715/download Revised: 13 Apr 2022	https://www.fda.gov/media/144637/download Revised: 31 Jan 2022	https://www.fda.gov/media/146304/download Revised: 31 Jan 2022
Vaccine Information Fact Sheet for Recipients and Caregivers	https://www.fda.gov/media/153717/download Revised: 03 Jan 2022	https://www.fda.gov/media/153716/download Revised: 29 Mar 2022	https://www.fda.gov/media/153716/download Revised: 29 Mar 2022	https://www.fda.gov/media/144638/download Revised: 29 Mar 2022	https://www.fda.gov/media/146305/download Revised: 31 Jan 2022
Translations of Fact Sheets for Recipients and Caregivers	https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine#translated Revised: 13 Apr 2022	https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine#translated Revised: 13 Apr 2022	https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine#translated Revised: 13 Apr 2022	https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/spikevax-and-moderna-covid-19-vaccine#translated Revised: 29 Mar 2022	https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine#translated Revised: 07 Apr 2022
Other				Important Prescribing Information: https://www.fda.gov/media/153354/download Spikevax package insert: https://www.fda.gov/media/155675/download	

Vaccine Manufacturer Resources



Medical Information

Phone: 800-438-1985

Email:

PfizerMedicalInformation@pfizer.com

Website: www.PfizerMedInfo.com



Medical Information

Phone: 866-663-3762

Email: MedInfo@modernatx.com

Temperature excursion related questions:

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Medical Information

Phone: 800-565-4008

Temperature excursion related questions:

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JSCCOVIDTEMPEXCURSION@its.jnj.com

Disclaimer

The information presented today is based on CDC's recent guidance and MAY change.

Tuesday, April 26th, 2022

Thank you!